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7590 05/28/2004

Eric B Meyertons Esq
Meyertons, Hood, Kivlin, kowert and Geotzel
P O Box 398
Austin, TX 78767-0398

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Kimberly A. Iorio
Kimberly A. Iorio
8/30/04

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/680,756	10/06/2000	G. Grady McBride	5259-04900/EBM	8670

TITLE OF INVENTION: ADJUSTABLE TRANSVERSE CONNECTOR WITH CAM ACTIVATED ENGAGERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	08/30/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
DAVIS, DANIEL J	3731		606-061000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Beth A. Vrioni

2 _____

3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Spinal Concepts, Inc.

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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(Authorized Signature) *Beth A. Vrioni* (Date) 8/30/04
Beth A. Vrioni, Reg. No.: 39,869

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